



राष्ट्रीय सिंधी भाषा विकास परिषद
دانشتریه سندھی پاشا وکاس پریشد
National Council for Promotion of Sindhi Language
 (An Autonomous Organization under Ministry of Education)
 Office: West Block-VIII, Wing no-7, First Floor, RK Puram, Sector-I, New Delhi-110066
 Phone No.-011-26180104-06, 20863699.
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Proposal for Financial Assistance to engage of one faculty to teach Sindhi Subject at level Primary at primary/ middle/ High School/ intermediate / UG/ PG level in School/ College/ Universities where regular Sindhi Teacher is either not available or the post is vacant.

S. No	Particulars	To be filled by the proposer
1.	Name of School/ College/ Universities. where regular Sindhi Teacher is either not available or the post is vacant to teach Sindhi subject	
2.	Name of Principal/ Head with Tel. No./ Mobile No.	
3.	Year of Establishment (Documentary proof to attach)	
4.	Recognized by central/ State Govt. (Copy of Proof to attach)	
5.	Status of Sindhi Teacher A. No. of post sanctioned B. No. of post Vacant	
6.	No. of Teachers are required to be engaged to teach Sindhi at primary/ middle/ High School/ intermediate / UG/ PG level * Name, Educational qualification and Bank accounts details of the teacher to be engaged may be provided separately on the prescribed format will be forwarded by NCPSL subsequently with the sanction letter for payment directly to the teacher's account.	
7.	The school/ college/ University is imparting Education with Sindhi subject at level (Tick mark wherever is applicable)	<u>School level</u> A. Class I to 5 th B. Class 6 th to 8 th C. Class 9 th to 10 th D. Class 11 th to 12 th <u>College/ University level</u> A. Graduation Level B. Post Graduation Level
8.	Whether the building of School/ College/ Universities is own or on rent	
9.	Number of Sindhi Language Knowing staff working in School/ College/ Universities A. No. of Teaching Staff B. No. of Non- Teaching Staff	
11.	Name of Coordinator or authorized person to make the correspondence with mobile no. & email id.	
12.	Bank detail School/ College/ Universities Bank Name IFSC code A/C No.	

Undertaking

I certify that I on behalf of university/college/institution/school, is an authorized person of university/college/institution/school and competent to sue and be sued in the name of applicant of the university/college/institution/school.

I further certify that I have read the provision of the afore-mentioned particulars and guidelines of the engagement of one faculty to each such School/ College/ Universities where regular Sindhi Teacher is either not available or the post is vacant and that I undertake to abide by the norms of Financial assistance.

Signature & Seal of School/College /University/ Name post

Address _____

Place/Date_____

Email address and Contact No. _____
